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INSTRUCTIONS

**TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

**TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

## CERTIFICATE OF DEATH

07558

Reg. Dist. No. 253

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE (HOME) OF DECEASED</b>	
COUNTY <b>Queen Anne</b>	<b>MARYLAND</b>	STATE <b>Md.</b>	COUNTY <b>Queen Anne</b>
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>Stevensville</b>	LENGTH OF STAY (in this place) <b>4 yrs.</b>	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Stevensville</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Bessie K. Dulin</b>		<b>4. DATE OF DEATH</b> (Month) <b>July</b> (Day) <b>15</b> (Year) <b>1956</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)</b> <b>widowed</b>	<b>8. DATE OF BIRTH</b> <b>March 28, 1880</b>
<b>9. AGE last birthday</b> <b>76 yrs.</b>		<b>10. IF UNDER 1 YEAR</b> Months Days Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>Maryland.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>	
<b>13. FATHER'S NAME</b> <b>Thomas A. Kennard</b>		<b>14. MOTHER'S MAIDEN NAME</b> <b>Lonnie Lane</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unk.) (If Yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	
<b>17. INFORMANT &amp; ADDRESS</b> <b>Mr. Thurman Dulin Easton, Md.</b>			
<b>18. MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>
<b>I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</b>			
<b>442X IMMEDIATE CAUSE (A)</b> <b>hypertensive cardio-vascular disease</b>			<b>about 3 years</b>
<b>ANTECEDENT CAUSE(S) DUE TO (B)</b> <b>chronic nephro-sclerosis</b>			<b>several years</b>
<b>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)</b> <b>arteriosclerosis general &amp; cerebral</b>			<b>about 10 years</b>
<b>11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</b>			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<b>21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)</b>		<b>21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)</b>	
<b>21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)</b>			
<b>21d. TIME OF INJURY (Month) (Day) (Year) (Hour)</b>		<b>21e. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> M. <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/></b>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from July 7, 1956, to July 15, 1956, that I last saw the deceased alive on July 15, 1956, and that death occurred at 7:30 P.M. from the causes and on the date stated above.</b>			
<b>SIGNATURE</b> <b>Theodor Sattelmaier</b>		<b>DATE SIGNED</b> <b>July 16, 1956</b>	
<b>23. BURIAL, CREMATION, REMOVAL (SPECIFY)</b> <b>burial</b>		<b>24. REC'D BY REGISTRAR</b> <b>Elizabeth Hopter</b>	
<b>DATE</b> <b>7/18/56</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wm. E. Brown</b>	
<b>26. NAME OF CEMETERY OR CREMATORY</b> <b>Greenmount</b>		<b>27. LOCATION (City, town, or county) (State)</b> <b>Hillsboro, Queen Anne, Md.</b>	

CERTIFICATE OF DEATH

1958

255

1. NAME OF DECEASED

WESTLAND

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

AGE AT DEATH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY INTO COUNTRY

DATE OF DEPARTURE FROM COUNTRY

DATE OF RETURN TO COUNTRY

DATE OF DEATH

DATE OF BURIAL

DATE OF CREMATION

DATE OF INTERMENT

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

DATE OF EXHUMATION

DATE OF REINTERMENT

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BUREAU V.

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Wm. Williams

Wm. Williams

Wm. Williams

Wm. Williams

Wm. Williams

Wm. Williams

Wm. Williams

Wm. Williams

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## MEDICAL EXAMINER'S CERTIFICATE OF DEATH

87559

Reg. Dist. No. 252

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Queen Anne's</u> <b>7581</b> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>in Centerville</u> c. LENGTH OF STAY IN 1b <u>Life -</u> d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) _____				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne's</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>in Centerville, Maryland</u> d. STREET ADDRESS _____															
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>JAMES E KING</u>				<b>4. DATE OF DEATH</b> Month Day Year <u>July 9 1956</u>															
<b>5. SEX</b> <u>male</u>		<b>6. COLOR OR RACE</b> <u>Caucas</u>		<b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>Jan 16 - 1914</u>		<b>9. AGE</b> (in years last birthday) <u>42</u>		<b>IF UNDER 1 YEAR</b> Months Days Hours Min.		<b>IF UNDER 24 HRS.</b> Hours Min.							
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Waterman</u>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>systeming &amp; fishing</u>				<b>11. BIRTHPLACE</b> (State or foreign country) <u>Queen Anne's Co. Maryland</u>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U S A</u>							
<b>13. FATHER'S NAME</b> <u>Harry King</u>				<b>14. MOTHER'S MAIDEN NAME</b> <u>Eda Brown</u>				<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) <u>yes WW II</u>				<b>16. SOCIAL SECURITY NO.</b> <u>?</u>				<b>17. INFORMANT</b> <u>Julia Robert King - wife - Centerville</u>			
<b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning - Fell overboard while</u> <u>850X</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) <u>Crabbing -</u> DUE TO (c) _____												INTERVAL BETWEEN ONSET AND DEATH							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____														<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>20a. EXTERNAL CAUSE WAS PRIMARY</b> <input type="checkbox"/> <b>OR CONTRIBUTING</b> <input type="checkbox"/> <b>CAUSE OF DEATH.</b>				<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of item 18.)															
<b>20c. TIME OF INJURY</b> Month, Day, Year Hour o. m. p. m. <u>19</u>				<b>20d. INJURY OCCURRED</b> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (Home, farm, factory, street, office bldg., etc.)				<b>20f. (City or town)</b> (County) (State) <u>Centerville</u>									
<b>21. I certify that I took charge of the remains described above, held an Autopsy</b> <input type="checkbox"/> <b>Inspection</b> <input checked="" type="checkbox"/> <b>Inquiry</b> <input type="checkbox"/> <b>and find that death resulted from:</b> Natural causes <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined cause <input type="checkbox"/>																			
<b>ACTUAL SIGNATURE</b> <u>W. J. Fisher</u>				<b>M.D. CHIEF MEDICAL EXAMINER</b> <input type="checkbox"/>				<b>DATE SIGNED</b> <u>7/13-56</u>											
<b>EXAMINER'S NAME (Type)</b>				<b>ASSISTANT MEDICAL EXAMINER</b> <input type="checkbox"/>				<b>DEPUTY MEDICAL EXAMINER</b> <input type="checkbox"/>											
<b>22a. BURIAL, CREMATION, OR REMOVAL (Specify)</b> <u>Burial</u>				<b>22b. DATE THEREOF</b> <u>July 13-56</u>				<b>22c. NAME OF CEMETERY OR CREMATORY</b> <u>Centerville Cemetery</u>				<b>22d. LOCATION (City, town, or county)</b> (State) <u>Centerville, Maryland</u>							
<b>23. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Edward Austin &amp; Brother Sons Centerville Md</u>				<b>ADDRESS</b>				<b>24a. REC'D BY REGISTRAR</b> <u>DATE 7-14-56</u>				<b>24b. REGISTRAR'S SIGNATURE</b> <u>Blue Armstrong</u>							

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enclose this certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM-3. Page 5 may be retained for your files.  
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation, or removal.

James E. King  
1111 G Street  
N.W.  
Washington, D.C.

James E. King  
1111 G Street  
N.W.  
Washington, D.C.  
July 17, 1956  
Age 45  
Cause of Death: ...  
Place of Death: ...

BUREAU V. 2

JUL 17 1956

RECEIVED

James E. King  
1111 G Street  
N.W.  
Washington, D.C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07561

7582

CERTIFICATE OF DEATH

Reg. Dist. No.

251

1. PLACE OF DEATH a. COUNTY <u>Queen Anne</u> MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Maryland</u> b. COUNTY <u>Queen Anne</u>			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville</u>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <u>Sudlersville</u>			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frank W. J. Walraven</u>				4. DATE OF DEATH Month Day Year <u>July 23 19 56</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 21, 1876</u>		9. AGE (In years last birthday) <u>80</u> yrs.		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>William Walraven</u>				14. MOTHER'S MAIDEN NAME <u>Harriet Merch</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>John Walraven--Sudlersville, Md.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Meninge</u> <u>422.2</u> DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <u>Chronic nephritis</u> DUE TO (c) <u>Chronic myocarditis</u>							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Heart &amp; Bladder Chelands</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>2nd</u>			
20c. TIME OF INJURY Hour o. n. p. m. <u>19</u>				20d. INJURY OCCURRED While of work <input type="checkbox"/> Not while of work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	
				20f. (City or town)		(County) (State)	
21. I certify that I attended the deceased from <u>Jan 1937</u> , 19____, to <u>July 23</u> , 19 <u>56</u> that I last saw the deceased alive on <u>July 22</u> , 19 <u>56</u> , and that death occurred at <u>8 AM</u> from the causes and on the date stated above.							
ACTUAL SIGNATURE <u>C. H. METCALFE</u> M.D.				ADDRESS (Street, city or town, state) <u>Sudlersville</u> DATE SIGNED <u>July 25/56</u>			
PHYSICIAN'S NAME (Type) <u>C. H. METCALFE</u>							
22a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		22b. DATE THEREOF <u>July 25</u>		22c. NAME OF CEMETERY OR CREMATORY <u>Sudlersville</u>		22d. LOCATION (City, town, or county) (State) <u>Sudlersville, Md.</u>	
23. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Lane</u> ADDRESS <u>Church Hill, Md.</u>				24a. REC'D BY REGISTRAR DATE <u>7-25</u>		24b. REGISTRAR'S SIGNATURE <u>Edgar L. Lane</u>	



CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED <i>John Doe</i></p>		<p>2. SEX <i>Male</i></p>		<p>3. AGE <i>45</i></p>	
<p>4. DATE OF DEATH <i>July 1, 1956</i></p>		<p>5. TIME OF DEATH <i>10:00 AM</i></p>		<p>6. PLACE OF DEATH <i>Home</i></p>	
<p>7. CAUSE OF DEATH <i>Heart Disease</i></p>		<p>8. MANNER OF DEATH <i>Natural</i></p>		<p>9. PLACE OF BIRTH <i>New York City</i></p>	
<p>10. OCCUPATION <i>Teacher</i></p>		<p>11. MARITAL STATUS <i>Married</i></p>		<p>12. DATE OF MARRIAGE <i>1940</i></p>	
<p>13. NAME OF PHYSICIAN <i>Dr. Smith</i></p>		<p>14. NAME OF HOSPITAL <i>St. Mary's</i></p>		<p>15. NAME OF NURSE <i>Miss Jones</i></p>	
<p>16. NAME OF CORONER <i>Mr. Brown</i></p>		<p>17. NAME OF JURY <i>Mr. Green</i></p>		<p>18. NAME OF JURY <i>Mr. White</i></p>	
<p>19. NAME OF JURY <i>Mr. Black</i></p>		<p>20. NAME OF JURY <i>Mr. Gold</i></p>		<p>21. NAME OF JURY <i>Mr. Silver</i></p>	
<p>22. NAME OF JURY <i>Mr. Copper</i></p>		<p>23. NAME OF JURY <i>Mr. Nickel</i></p>		<p>24. NAME OF JURY <i>Mr. Zinc</i></p>	
<p>25. NAME OF JURY <i>Mr. Lead</i></p>		<p>26. NAME OF JURY <i>Mr. Tin</i></p>		<p>27. NAME OF JURY <i>Mr. Iron</i></p>	
<p>28. NAME OF JURY <i>Mr. Steel</i></p>		<p>29. NAME OF JURY <i>Mr. Aluminum</i></p>		<p>30. NAME OF JURY <i>Mr. Magnesium</i></p>	
<p>31. NAME OF JURY <i>Mr. Calcium</i></p>		<p>32. NAME OF JURY <i>Mr. Potassium</i></p>		<p>33. NAME OF JURY <i>Mr. Sodium</i></p>	
<p>34. NAME OF JURY <i>Mr. Chlorine</i></p>		<p>35. NAME OF JURY <i>Mr. Fluorine</i></p>		<p>36. NAME OF JURY <i>Mr. Bromine</i></p>	
<p>37. NAME OF JURY <i>Mr. Iodine</i></p>		<p>38. NAME OF JURY <i>Mr. Phosphorus</i></p>		<p>39. NAME OF JURY <i>Mr. Sulfur</i></p>	
<p>40. NAME OF JURY <i>Mr. Carbon</i></p>		<p>41. NAME OF JURY <i>Mr. Nitrogen</i></p>		<p>42. NAME OF JURY <i>Mr. Oxygen</i></p>	
<p>43. NAME OF JURY <i>Mr. Hydrogen</i></p>		<p>44. NAME OF JURY <i>Mr. Helium</i></p>		<p>45. NAME OF JURY <i>Mr. Neon</i></p>	
<p>46. NAME OF JURY <i>Mr. Argon</i></p>		<p>47. NAME OF JURY <i>Mr. Krypton</i></p>		<p>48. NAME OF JURY <i>Mr. Xenon</i></p>	
<p>49. NAME OF JURY <i>Mr. Radon</i></p>		<p>50. NAME OF JURY <i>Mr. Polonium</i></p>		<p>51. NAME OF JURY <i>Mr. Astatine</i></p>	
<p>52. NAME OF JURY <i>Mr. Tellurium</i></p>		<p>53. NAME OF JURY <i>Mr. Selenium</i></p>		<p>54. NAME OF JURY <i>Mr. Tellurium</i></p>	
<p>55. NAME OF JURY <i>Mr. Arsenic</i></p>		<p>56. NAME OF JURY <i>Mr. Antimony</i></p>		<p>57. NAME OF JURY <i>Mr. Bismuth</i></p>	
<p>58. NAME OF JURY <i>Mr. Lead</i></p>		<p>59. NAME OF JURY <i>Mr. Tin</i></p>		<p>60. NAME OF JURY <i>Mr. Copper</i></p>	
<p>61. NAME OF JURY <i>Mr. Zinc</i></p>		<p>62. NAME OF JURY <i>Mr. Nickel</i></p>		<p>63. NAME OF JURY <i>Mr. Iron</i></p>	
<p>64. NAME OF JURY <i>Mr. Steel</i></p>		<p>65. NAME OF JURY <i>Mr. Aluminum</i></p>		<p>66. NAME OF JURY <i>Mr. Magnesium</i></p>	
<p>67. NAME OF JURY <i>Mr. Calcium</i></p>		<p>68. NAME OF JURY <i>Mr. Potassium</i></p>		<p>69. NAME OF JURY <i>Mr. Sodium</i></p>	
<p>70. NAME OF JURY <i>Mr. Chlorine</i></p>		<p>71. NAME OF JURY <i>Mr. Fluorine</i></p>		<p>72. NAME OF JURY <i>Mr. Bromine</i></p>	
<p>73. NAME OF JURY <i>Mr. Iodine</i></p>		<p>74. NAME OF JURY <i>Mr. Phosphorus</i></p>		<p>75. NAME OF JURY <i>Mr. Sulfur</i></p>	
<p>76. NAME OF JURY <i>Mr. Carbon</i></p>		<p>77. NAME OF JURY <i>Mr. Nitrogen</i></p>		<p>78. NAME OF JURY <i>Mr. Oxygen</i></p>	
<p>79. NAME OF JURY <i>Mr. Hydrogen</i></p>		<p>80. NAME OF JURY <i>Mr. Helium</i></p>		<p>81. NAME OF JURY <i>Mr. Neon</i></p>	
<p>82. NAME OF JURY <i>Mr. Argon</i></p>		<p>83. NAME OF JURY <i>Mr. Krypton</i></p>		<p>84. NAME OF JURY <i>Mr. Xenon</i></p>	
<p>85. NAME OF JURY <i>Mr. Radon</i></p>		<p>86. NAME OF JURY <i>Mr. Polonium</i></p>		<p>87. NAME OF JURY <i>Mr. Astatine</i></p>	
<p>88. NAME OF JURY <i>Mr. Tellurium</i></p>		<p>89. NAME OF JURY <i>Mr. Selenium</i></p>		<p>90. NAME OF JURY <i>Mr. Tellurium</i></p>	
<p>91. NAME OF JURY <i>Mr. Arsenic</i></p>		<p>92. NAME OF JURY <i>Mr. Antimony</i></p>		<p>93. NAME OF JURY <i>Mr. Bismuth</i></p>	
<p>94. NAME OF JURY <i>Mr. Lead</i></p>		<p>95. NAME OF JURY <i>Mr. Tin</i></p>		<p>96. NAME OF JURY <i>Mr. Copper</i></p>	
<p>97. NAME OF JURY <i>Mr. Zinc</i></p>		<p>98. NAME OF JURY <i>Mr. Nickel</i></p>		<p>99. NAME OF JURY <i>Mr. Iron</i></p>	
<p>100. NAME OF JURY <i>Mr. Steel</i></p>		<p>101. NAME OF JURY <i>Mr. Aluminum</i></p>		<p>102. NAME OF JURY <i>Mr. Magnesium</i></p>	

BUREAU V. S.

JUL 21 1956

RECEIVED

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07562

## CERTIFICATE OF DEATH

Reg. Dist. No. 253

7583

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Queen Anne's</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Stevensville</u>		LENGTH OF STAY (in this place) <u>July 8, 1956</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Grasonville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>James</u> (Middle) <u>Thomas</u> (Last) <u>Wilkins Jr.</u>				(Month) <u>July</u> (Day) <u>8</u> (Year) <u>1956</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>Col.</u>	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>Oct 3, 1888</u>	9. AGE last birthday <u>67</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Grasonville</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>James T. Wilkins</u>				14. MOTHER'S MAIDEN NAME <u>Mary Frances Boulden</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>213-16-7536</u>		17. INFORMANT & ADDRESS <u>Mary Frances Wilkins</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
443X IMMEDIATE CAUSE (A) <u>Cerebral hemorrhage (left)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>July 8, 1956</u>			
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis (general + cerebral)</u>				<u>several</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>hypertensive Cardio-vascular disease</u>				<u>years.</u>			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>coroner D. W. H. Fisher notified, no inquest necessary.</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, or INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21a. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M. <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>July 8, 1956</u> , to <u>July 8, 1956</u> , that I last saw the deceased alive on <u>July 8, 1956</u> , and that death occurred at <u>8:50 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Theodor Sattelmair</u>				ADDRESS (Street, city, town, state) <u>Stevensville</u>			
M.D. <u>Stevensville</u>				DATE SIGNED <u>July 8, 1956</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>7/14/56</u>		NAME OF CEMETERY OR CREMATORY <u>Grasonville Cem.</u>		LOCATION (City, town, or county) (State) <u>Grasonville, Md</u>	
24. REC'D BY REGISTRAR <u>July 7, 1956</u>		REGISTRAR'S SIGNATURE <u>Elij. Hyster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James S. Dashiell</u>		ADDRESS	

# CERTIFICATE OF DEATH

1. NAME OF DECEASED

2. PLACE OF DEATH

3. SEX

4. AGE

5. OCCUPATION

6. DATE OF DEATH

7. TIME OF DEATH

8. CAUSE OF DEATH

9. PLACE OF BIRTH

10. MARITAL STATUS

11. COLOR

12. EDUCATION

13. RELIGION

14. SERVICE

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